

COURIER CARD REQUEST			
NAME (Last, First, Middle Initial)	GRADE/RANK/SERVICE	SSN	DUTY PHONE
EMAIL ADDRESS	DEROS	SECTION (S1, S2, S3, i.e.)	SIGNATURE OF RECIPIENT
JUSTIFICATION FOR COURIER CARD ISSUANCE			SIGNATURE OF SUPERVISOR
			DUTY PHONE:
<p align="center"><b>PRIVACY ACT STATEMENT</b></p> <p><b>AUTHORITY:</b> 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 8013; and E.O. 9397 (SSN). <b>PRINCIPAL PURPOSE(S):</b> The information contained herein will be used to precisely identify individuals when it is necessary to certify issuance of courier cards involving classified and/or to sensitive compartment information. <b>ROUTINE USE (S):</b> Blanket routine uses, as published by the Department of the Army in the Department of Defense register. <b>DISCLOSURE:</b> Voluntary. However, failure to provide all the requested information may result in denial of courier card issuance.</p>			

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